

**Quota International of Wooster
Student Scholarship Application Form**

Quota International of Wooster's primary focus is to serve the speech and hearing impaired. The club has a special interest in assisting those pursuing a career in **speech or hearing or a related field**; this is not mandatory, but it could be a benefit when being considered for this application. Applications are open to high school students entering college and current students seeking additional support.

Name_____ Date of Birth_____

Address_____

Home phone_____ Cell phone_____

High School Attending & Graduation Date_____

Father Step-father Guardian

Mother Step-mother Guardian

Name_____ Age_____ Name_____ Age_____

Address_____ Address_____

Occupation_____ Occupation_____

Employer_____ Occupation_____

Gross family income_____

Number of dependent children claimed by you parent(s) on Federal Income Tax Return.
_____. List by name and give age.

_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age

_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age

Number in college excluding applicant_____ other dependents_____

Anticipated field of study_____

What career do you hope to pursue?_____

Have you applied to a college or university? _____

Have you been accepted at a college or university? _____ If so, list name and address of college or university. _____

Approximate cost for school year including room, board, tuition, books: _____

Grants, scholarships, fellowships, assistantships, loans, & other aid already awarded: _____

On a separate sheet of paper, write a brief (300 words or less) biography of yourself, including interests, extracurriculars, work experience, and professional or occupational plans.

List awards or honors received while in high school _____

Do you have a hearing or speech impairment? If so, please explain _____

I hereby certify that the above information is correct and that I am not a child or grandchild of a Quota Club member.

Applicants Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please return this form to your guidance counselor who will complete the following information and return it to the Quota Club Scholarship Chairman: official high school transcript, photocopy of ACT/SAT scores, letters of recommendation from two teachers and a guidance counselor.

To be considered for scholarship funds, the completed application must be received by the scholarship chair by April 1. Incomplete applications will not be considered. Those awarded scholarships will be notified by May 30.